

RELATIONSHIP QUESTIONNAIRE A

ID No.				-				
Form Type	S	T	0	1				

Beginning script:

I would like to ask you some questions about any spouses or mates with whom you had children and some questions about your children.

1. PARTICIPANT INITIALS: _____

2. DATE OF INTERVIEW: _____ - _____ - _____
Month Day Year

3. With how many spouse(s)/mate(s) have you had children? By this I mean birth children. Do not count adopted, foster or stepchildren. _____ **smatno**

IF RESPONSE IS 0, SKIP TO QUESTION 5.

4. What is the total number of birth children you have had with these spouses/mates? _____ **bthchdno**

5. INTERVIEWER:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

6. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

7. DATE FORM COMPLETED: _____ - _____ - _____
Month Day Year

FORM 20
Relationship Questionnaire A

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	newid	F (5.1)	Patient ID
3	SMATNO	I (2)	No. of spouses/mates 3=3 or more
4	BTHCHDNO	I (2)	No. of birth children 4=4 or more